



APPLICATION FOR SELF-CONTAINED ACCOMMODATION

FACILITY REQUESTED:

- DIAMOND JUBILEE MANOR
112 Bowers Street, Airdrie, Alberta
- CROSSROADS MANOR
216 – 4th Street, Beiseker, Alberta
- EVERGREEN MANOR
300 Ross Ave. Cochrane, Alberta
- DR. WHILLANS MANOR
1237 Osler Avenue, Crossfield, Alberta

PERSONAL INFORMATION: This personal information is being collected under the authority of the Residential Tenancies Act and will be used for the purpose of administering the housing program. It is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act.

Date of Application: _____

Applicant's Name: _____
(last name) (first name)

Date of Birth: _____
(month/day/year)

Alberta Health Care: _____

Citizenship Status:

- Canadian Citizen/Landed Immigrant
- Sponsored Immigrant

Present Address: _____

City/Town/Village Postal Code

How long at present address? _____

Home No. _____ **Cell No.** _____

Marital Status:

- Single Widowed Divorced
- Married Separated Commonlaw

Co-Applicant's Name: _____
(last name) (first name)

Date of Birth: _____
(month/day/year)

Friend/Family Contact: _____
(Name) (Phone No.)

Relationship to applicant: _____

Character/Landlord Reference: _____
(Name) (Phone No.)

MONTHLY INCOME: Please provide a copy of your most recent Notice of Assessment

	Applicant	Co-Applicant
Old Age Security and Guaranteed Supplement	\$ _____ Yr.	\$ _____ Yr.
Alberta Seniors' Benefit	\$ _____ Yr.	\$ _____ Yr.
Spouse Allowance	\$ _____ Yr.	\$ _____ Yr.
Canada Pension Plan	\$ _____ Yr.	\$ _____ Yr.
Company Pension	\$ _____ Yr.	\$ _____ Yr.
Employment Income	\$ _____ Yr.	\$ _____ Yr.
Social Assistance or Other Income	\$ _____ Yr.	\$ _____ Yr.
Interest and Investment Income	\$ _____ Yr.	\$ _____ Yr.
RRIF, RRSP or Annuity Income	\$ _____ Yr.	\$ _____ Yr.
Other Income (Specify): _____	\$ _____ Yr.	\$ _____ Yr.
Total:	\$ _____ Yr.	\$ _____ Yr.

If you or your co-applicant has employment income(s), please state the name and addresses of your employer(s).

Applicant's Employer: _____ **Phone No.** _____

Address: _____

Co-Applicant's Employer: _____ **Phone No.** _____

Address: _____

ASSETS: List all investments and/or assets and interest income derived from investments such as stocks, bonds, term deposits, bank accounts, real estate (house), RRSP, etc. Note: Essential, personal household effects such as clothes and furniture are not included.

Investment/Asset Description	Value	Interest/Income
_____	\$ _____	Monthly \$ _____
_____	\$ _____	Monthly \$ _____
_____	\$ _____	Monthly \$ _____
Total \$	\$ _____	Total \$ _____

Do you own a vehicle? Yes No

Please state the year and make of vehicle: _____

Estimated resale value: _____

CURRENT ACCOMMODATIONS:

Do you own or rent your present accommodation: Own Rent

Present rent or house payment is \$ _____ per month, plus \$ _____ for heat, light, water and sewer.

If renting, please provide the name of your present landlord: _____

Address: _____ **Phone No.** _____

Is your present accommodation a...

- House Rooming House Other
 Apartment Motel/Hotel

Rooms in your present accommodation:

- Kitchen No. of Bedrooms _____
 Living Room No. of Bathrooms _____
 Dining Room

Number of persons sharing your present accommodation: _____

Adults: _____ **Children:** _____

Name: _____ **Relationship:** _____

Do you share use of the kitchen, bathroom, or your bedroom with other occupants?

- Yes No

If yes, number of persons (including yourself) sharing the kitchen: _____

If yes, number of persons (including yourself) sharing the bathroom: _____

If yes, number of persons (including yourself) sharing the bedroom: _____

Are your shower/bathtub/toilet/washbasin all located in your bathroom? Yes No

If no, please give details: _____

Are your stove/fridge/cupboards/counter space/sink all located in your kitchen?

- Yes No

If no, please give details: _____

Reason for wanting to move: _____

If you have been given a "Notice to Vacate"/"Eviction Notice", please submit a copy of the notice and state the reason for the eviction: _____

Do you currently support a dependent adult/child? Yes No

MEDICAL:

Do you have difficulty managing stairs? Yes No

Do you require any home care assistance? Yes No

If so, please state the type of assistance and name of RN or social worker: _____

Are you currently on oxygen? Yes No

Do you smoke? Yes No

Do you or your co-applicant require accommodations adapted for special needs (i.e. wheel chair accessible)? Yes No

Please state any physical disabilities: _____

EMERGENCY CONTACTS:

Name: _____ **Relationship:** _____ **Home No.** _____

Address: _____ **Work/Cell No.** _____

Name: _____ **Relationship:** _____ **Home No.** _____

Address: _____ **Work/Cell No.** _____

Family Doctor Name: _____ **Phone No.** _____

VALIDATION OF INFORMATION:

I understand that this application does not constitute an agreement on the part of Rocky View Foundation to provide me with rental accommodation.

I further acknowledge the right of the Rocky View Foundation, or its agents, at any time prior to the execution and delivery to me of a lease hereby applied for, to withdraw, revoke, or cancel, without penalty or liability for damages or otherwise, any acceptance or approval of this application previously made or given.

I hereby authorize the Rocky View Foundation, or its agents, to investigate any or all of the statements made herein, being fully aware that discovery of any false statements shall cancel any further consideration of my application.

I further agree I am obligated to advise the Rocky View Foundation, or its agents, in writing of any changes in family composition, gross family income, assets, employment, or change of address should they occur.

Signature of Witness

Signature of Applicant

Signature of Co-Applicant

